## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

10081133

		CLAIMS AS	S FILED - (Column	SMALL ENTITY TYPE		OR	OTHER		1				
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	ł
FOR			NUMBER FILED		NUME	ER EXTRA	İ	BASIC FEE	370.00	OR	BASIC FEE	740.00	1
TC	OTAL CHARGE	ABLE CLAIMS	\( \int \) minus 20=		•			X\$ 9=		OR	X\$18=		۱
INDEPENDENT CLAIMS			√ mi	nus 3 =	* 1			X42=		1	X84=	84	l
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT							OR		87	ł
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=		ļ
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	LENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	h	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	# 7	-6	= /		X\$ 9=		OR	X\$18=		l
AME	Independent	• 7	Minus	***	7	=/		X42=		OR	X84=		l
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	1		+280=	1	l
								TOTAL	/	OR OR	· TOTAL	<del></del>	l
<i>.</i>	•	(Column 1)		(Colur	nn 21	(Column 3)	•	ADDIT. FEE	•	JOH ,	ADDIT. FEE	-	l
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X42= -		OR	·X84=		
_	THOTTHEOL	THATION OF THE		CHOCKI	001111	<u> </u>	'	+140=		OR	+280=		
	. '							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colun	nn 2) _	(Column 3)	_						l
* AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		ļ,
AME.	Independent	Francisco de estado	Minus	***				X42=		OR	X84=		
										À			ŀ
• 1	fif the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL		ŀ
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OTAL ADDIT. FEE OF ADDIT. FEE													